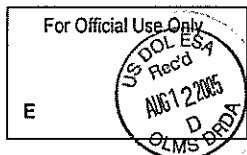


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>54/29</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>STEVEN</u> <u>M</u> <u>CISCO</u> P.O. Box, Bldg., Room No., if any Street <u>6200 JOLIET ROAD</u> City <u>COUNTRYSIDE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60525</u>	4. Name, file number, and address of labor organization. Name <u>I.U.O.E. LOCAL 150</u> Labor Organization File Number <u>031860</u> P.O. Box, Building and Room Number, if any Street <u>6200 JOLIET ROAD</u> City <u>COUNTRYSIDE</u> State <u>ILLINOIS</u> ZIP Code + 4 <u>60525</u>
5. Position in labor organization. <u>RECORDING-CORRESPONDING SECRETARY</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: <u>N/A</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>N/A</u> City <u>N/A</u> State <u>N/A</u> ZIP Code + 4 <u>N/A</u>	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Steven M. Cicci</u>	On <u>8-10-05</u> Date	<u>708-482-8800</u> Telephone Number

Name of Person Filing <b>STEVEN M. CISCO</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **MIDWEST OPERATING ENGINEERS**

**HEALTH & WELFARE**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **6240 JOLIET ROAD**

City **COUNTRYSIDE**

State **ILLINOIS** ZIP Code + 4 **60525**

11.a. Nature of such dealing.

**CONFERENCE FEES FOR 2006 EDUCATIONAL SEMINAR**

11.b. Approximate dollar value of such dealing.

**\$1,310.00**

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>STEVEN M. CISCO</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>BAUM, SIGMAN, AUERBACH, NEUMAN</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>200 WEST ADAMS STREET, SUITE 2200</b> City <b>CHICAGO</b> State <b>ILLINOIS</b> ZIP Code + 4 <b>60606</b>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; min-height: 100px;">CHRISTMAS GIFT</div> 11.b. Approximate dollar value of such dealing. <b>\$50.00</b> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px;"></div> 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <b>STEVEN M. CISCØ</b>	File Number U-
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8. Name and address of Business (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name: <b>RAILROAD MAINTENANCE INDUSTRIAL HEALTH &amp; WELFARE FUND</b> Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: <b>2205 W. WABASH AVENUE, SUITE 211</b>  City: <b>SPRINGFIELD</b>  State: <b>ILLINOIS</b> ZIP Code + 4: <b>62704</b>	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <b>FOOD AND BEVERAGES AT TRUSTEES MEETING</b> </div>  11.b. Approximate dollar value of such dealing. <b>\$56.35</b>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px;"></div>  12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name: _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any: _____  Street: _____  City: _____  State: _____ ZIP Code + 4: _____	14.a. Nature of payment.  <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing	STEVEN M. CISCO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: RAILROAD MAINTENANCE INDUSTRIAL HEALTH &amp; WELFARE FUND</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 2205 W. WABASH AVENUE, SUITE 211</p> <p>City: SPRINGFIELD</p> <p>State: ILLINOIS ZIP Code + 4: 62704</p>	<p>11.a. Nature of such dealing.</p> <p>FOOD AND BEVERAGES AT TRUSTEES MEETING</p> <p>11.b. Approximate dollar value of such dealing. \$26.37</p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <b>STEVEN M. CISCO</b>	File Number <b>U-</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>RAILROAD MAINTENANCE INDUSTRIAL</u> <u>HEALTH &amp; WELFARE FUND</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>2205 W. WABASH AVENUE, SUITE 211</u></p> <p>City <u>SPRINGFIELD</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>62704</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>REIMBURSED EXPENSES FOR ATTENDANCE OF</u> <u>TRUSTEE MEETINGS</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$1,368.52</u></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text"/></p> <hr/> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing	STEVEN M. CISCO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BLUE CROSS BLUE SHIELD</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>300 EAST RANDOLPH</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60601</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MIDWEST OPERATING ENGINEERS</u> <u>HEALTH &amp; WELFARE FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6240 JOLIET ROAD</u></p> <p>City <u>COUNTRYSIDE</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60525</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>VENDOR MIDWEST OPERATING ENGINEERS</u> <u>HEALTH &amp; WELFARE FUND GOLF OUTING</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$217.66</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>N/A</u></p> <p>12.b. Amount. <u>N/A</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>N/A</u></p> <p>Street <u>N/A</u></p> <p>City <u>N/A</u></p> <p>State <u>N/A</u> ZIP Code + 4 <u>N/A</u></p>	<p>14.a. Nature of payment.</p> <p><u>N/A</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u>N/A</u></p>

Name of Person Filing	STEVEN M. CISCO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BLUE CROSS BLUE SHIELD</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>300 EAST RANDOLPH</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60601</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>MIDWEST OPERATING ENGINEERS</u> <u>HEALTH &amp; WELFARE FUND</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>6240 JOLIET ROAD</u></p> <p>City <u>COUNTRYSIDE</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60525</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>VENDOR MIDWEST OPERATING ENGINEERS</u> <u>HEALTH &amp; WELFARE FUND LUNCH</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$39.14</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>N/A</u></p> <p>12.b. Amount. <u>N/A</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>N/A</u></p> <p>Trade Name, if any: <u>N/A</u></p> <p>P.O. Box, Bldg., Room No., if any <u>N/A</u></p> <p>Street <u>N/A</u></p> <p>City <u>N/A</u></p> <p>State <u>N/A</u> ZIP Code + 4 <u>N/A</u></p>	<p>14.a. Nature of payment.</p> <p><u>N/A</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>N/A</u></p>